

2176

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Cochise

State Arizona

State File No. 33

District or Township FLAGSTAFF

or Village

Registered No. 65

City Flagstaff

No. 224 C. Birch

St. _____ Ward _____

2. FULL NAME Wilby Green Dickinson

(a) Residence No. 224 C Birch

(Usual place of abode)

St. _____

Ward _____

Length of residence in city or town where death occurred 57 yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married Divorced

6a. If married, widowed, or divorced HUSBAND of Mrs. B. H. Hill (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Sept 30 1868

7. AGE Years 62 Months 11 Days 20 IF LESS than 1 day _____ hrs. _____ or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stockman

(b) General nature of industry, business or establishment in which employed (or employer) Stock raising

(c) Name of employer None

9. BIRTHPLACE (city or town) Stanton, Cedar County (State or country) Missouri

10. NAME OF FATHER Samuel Cotton Dickinson

11. BIRTHPLACE OF FATHER (State or country) New York (city or town) Ct.

12. MAIDEN NAME OF MOTHER Nancy Jane Green

13. BIRTHPLACE OF MOTHER (State or country) Iowa (city or town) Ct.

14. Informant Carl Dickinson (son) (Address) Flagstaff Ariz

15. Filed Sept 11, 1931 G. F. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1931 to Sept 10, 1931, that I last saw him alive on Sept 10, 1931.

and that death occurred, on the date stated above, at 1:15 a m. The CAUSE OF DEATH was as follows:

Chronic nephritis

(duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) Several yrs. mos. ds.

18. Where was disease contracted If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) M. G. Harrison M. D. Sept 11 1931 (Address) Flagstaff Ariz

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

Cottonwood, Ariz

DATE OF BURIAL

Sept 13, 1931

20. UNDERTAKER

W. F. Compton Flagstaff

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.